Federal Communications Commission (FCC) Experimental Licensing System – Medical Testing License

User Manual Prepared for:

Federal Communications Commission Office of Engineering Technology

October 2016



Completing an Application for Medical Testing License (Form 442)

Medical Testing License: This type of license is issued to hospitals and health care institutions that demonstrate expertise in testing and operation of experimental medical devices that use wireless telecommunications technology or communications functions in clinical trials for diagnosis, treatment or patient monitoring.

To apply for Medical Testing License, select the Form 442 hyperlink. The following page appears.



Exhibit 1-1: Landing Page for Experimental Licenses (Form 442)

The following fields appear:

Field	Definition	
Experimental License Types:		
Conventional Experimental License	Conventional Experimental License is an option for applicants to apply, if they do not qualify for the following three license types.	
Program Experimental License	This type of license is issued to qualified institutions to conduct an ongoing program of research and experimentation, under a single experimental authorization subject to the requirements of subpart E of this part. Program experimental radio licenses are available to colleges, universities, research laboratories, manufacturers of radio frequency equipment, manufacturers that integrate radio frequency equipment into their end products, and medical research institutions.	
Medical Testing License	This type of license is issued to hospitals and health care institutions that demonstrate expertise in testing and operation of experimental medical devices that use wireless telecommunications technology or communications functions in clinical trials for diagnosis, treatment or patient monitoring.	

Compliance Testing License	This type of license is issued to laboratories recognized by the FCC		
	under Subpart J of this chapter to perform: (i) Product testing of		
	radio frequency equipment, and (ii) Testing of radio frequency		
	equipment in an Open Area Test Site.		

<u>Please note</u>: The following screen shots apply to *Medical Testing* License.

Click on the third link, Medical Testing License, the following page opens up:

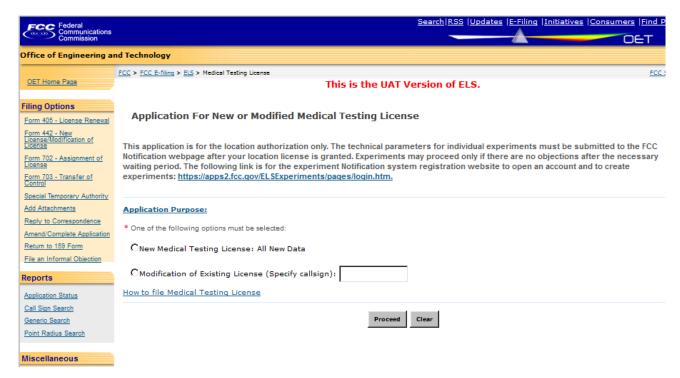


Exhibit 1-2: Application for New or Modified Medical Testing License (Form 442)

Please indicate if this is for a new program or an existing one?

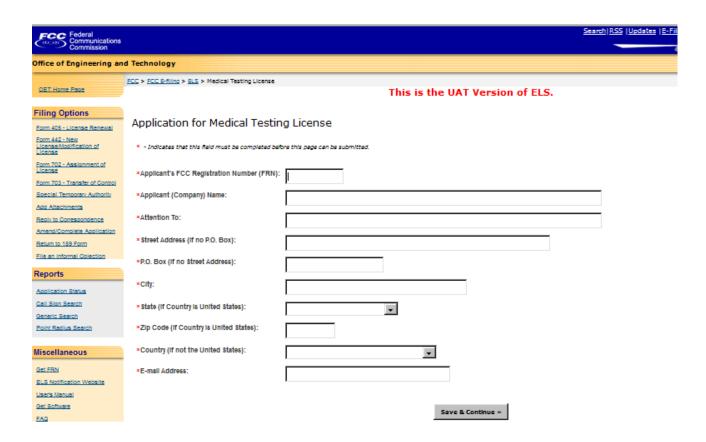


Exhibit 1-3: Medical Testing License Applicant Information (Form 442)

The following fields appear on the form:

Field	Definition	
Name of Applicant (Company):		
Name of Applicant	Enter the full name of the applicant. For modification of existing licenses, this field is pre-filled.	
Mailing Address:		
Attention:	Enter the full name of the contact person. For modification of existing licenses, this field is pre-filled.	
Street Address	Enter the street address of the applicant. For modification of existing licenses, this field is pre-filled.	
P.O. BOX	If a post office box is provided, enter it into this field. For modification of existing licenses, this field is pre-filled.	
City	Enter the applicant's city in this field. For modification of existing licenses, this field is pre-filled.	
State	Enter the applicant's state in this field. For modification of existing licenses, this field is pre-filled.	
Zip/Postal Code	Enter the zip and/or postal code of the applicant in this field. For modification of existing licenses, this field is pre-filled.	
Country	If the address is located outside the United States of America, select the country name in this field.	
Email Address	Enter the applicant's e-mail address. The e-mail address format is as follows: name@company.ext	

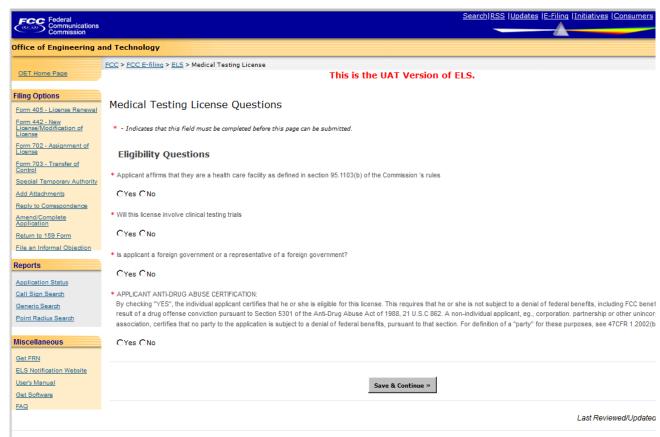


Exhibit 1-4: Medical Testing License Questions (Form 442) Continued

Office of Engineering a	nd Technology				
	FCC > FCC E-filing > ELS > Medical Testing License				
OET Home Page	This is the UAT Version of ELS.				
Filing Options					
Form 405 - License Renewal	Medical Testing License Questions				
Form 442 - New					
License/Modification of License	* - Indicates that this field must be completed before this page can be submitted.				
Form 702 - Assignment of					
License Form 703 - Transfer of	* Do you intend to use any of the federal exclusive and shared frequencies?				
Control	CYes CNo				
Special Temporary Authority					
Add Attachments Reply to Correspondence	* Do you intend to operate on commercial mobile radio service (CMRS)?				
Amend/Complete	CYes CNo				
<u>Application</u>					
Return to 159 Form	* Do you intend to operate on public safety frequencies?				
File an Informal Objection	CYes CNo				
Reports					
Application Status					
Call Sign Search	Give the following information of person who can best handle inquiries pertaining to this application:				
Generic Search	* Last Name:				
Point Radius Search	* First Name:				
Miscellaneous	This thanks.				
	* Title:				
Get FRN	* Phone Number:				
ELS Notification Website User's Manual					
Get Software	* E-mail Address:				
FAQ	* Insert a short description of the purpose of this application, or for modifications describe what is being modified:				
	(Maximum 255 characters) You have 255 characters left.				

Exhibit 1-5: Medical Testing License Application (Form 442) Continued

FCC Federal Communications Commission		Search RSS Updates E-Filing Initiatives Consumers	
Office of Engineering a	nd Technology		OET
OET Home Page	FCC > FCC E-filing > ELS > Medical Testing License		FCC Site Ma
<u>OCT HOME Page</u>		This is the UAT Version of ELS.	
Filing Options Form 405 - License Renewal	Medical Testing License Certification		
Form 442 - New License/Modification of License	* - Indicates that this field must be completed before this page can be se	ubmitted.	
Form 702 - Assignment of License	Certification		
Form 703 - Transfer of Control	THE APPLICANT CERTIFIES THAT:		
Special Temporary Authority	■ The radio frequency experimentation will be conducted	d in a defined geographic area under the applicant's control; and	
Add Attachments Reply to Correspondence	THE APPLICANT FURTHER CERTIFIES THAT:		
Amend/Complete	■ All the statements in the application and attached exhi	bits are true, complete and correct to the best of the applicant's knowledge; and	
Application		erimental program with full knowledge and understanding of the above limitations; and	
Return to 159 Form File an Informal Objection	· · · · · ·	cular frequency or of the electromagnetic spectrum as against the regulatory power of the US.	A.
Reports			
Application Status	Authorized Party to Sign		
Call Sign Search Generic Search	Signature Date:	Tue Nov 08 14:57:04 EST 2016	
Point Radius Search	*Signature of Applicant (Authorized person filing application):		
Miscellaneous	*Title of Person Signing Application:		
Get FRN			
ELS Notification Website	WILLFUL FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISH	HABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY	STATION
User's Manual	LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 31:	2(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Get Software FAQ			
1710	NOTIFICATION TO INDIVIDUALS UNDER PRIVACY ACT OF 1974 AND THE	PAPERWORK REDUCTION ACT OF 1980	
	Commission staff to determine eligibility for issuing authorizations in the u	ions Act of 1934, as amended, and specified by Section 308 therein. The information will be used by Federal Co se of the frequency spectrum and to effect the provisions of regulatory responsibilities rendered by the Commis ses otherwise requested pursuant to 47 CFR 0.459 of the FCC Rules and Regulations. Your response is required	ission by the
		verage four (4) hours per response, including the time for reviewing instructions, searching existing data source	

and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including exposed from the production of the Faderal Commission of Commission Decords Hangamant Branch Department of Paderal Machinery Office of the Commission of the Faderal Commission of Commission Decords Hangamant Branch Department of Paderal Machinery Office of this collection of information, including exposed from the Faderal Commission of Commiss

Please complete all required fields marked by '*'

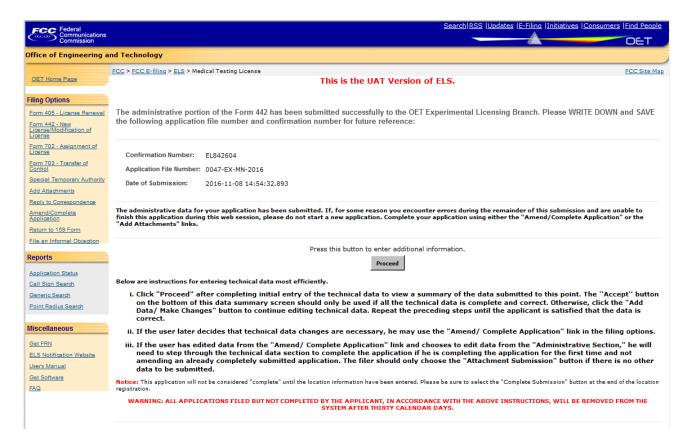


Exhibit 1-7: Medical Testing License Successful Submission Page

Make sure to annotate the confirmation number and file number; print this page for your records, if desired.

The application site will guide you to enter Technical Data next.

Experimental license location information page:

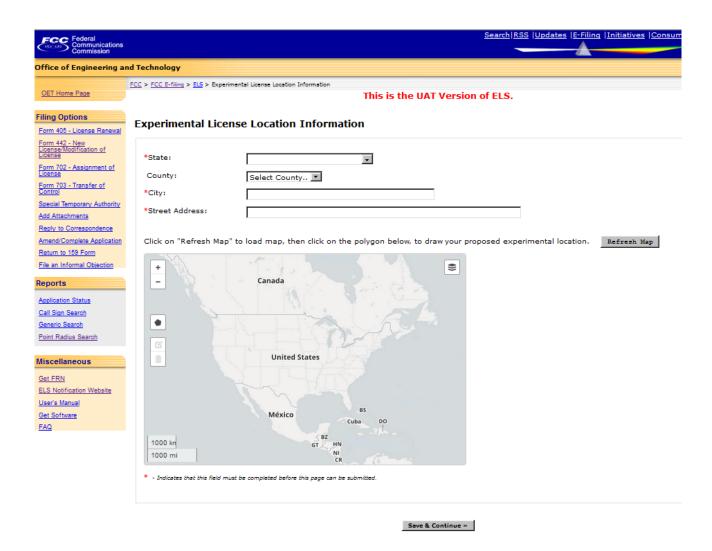


Exhibit 1-8: Medical Testing License Experimental License Location Information

Please indicate the location by following the steps below:

- i. All fields with a * must be filled out
- ii. After filling out all the required fields click on the "Refresh Map" button.



- iii. Click the draw polygon button-
- iv. Using your mouse click along the area where the license will be located at. The last click should end at the first dot/point created/clicked.

4-9

- a. To edit the shape click on the edit layers button . Your shape will change color. Click on the white dot outside of the shape to expand or contract the size of the shape.

v. Click the "Save & Continue" button to move to the next page.

When you're done with this page, you should see a graph similar to the one below, outlining the proximity of location.

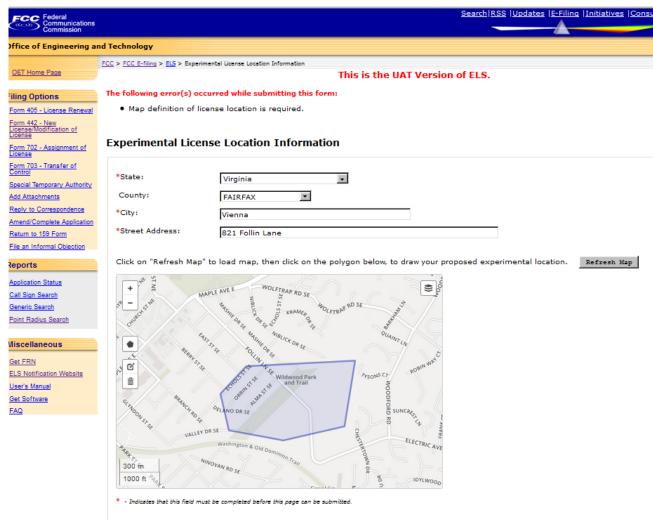


Exhibit 1-9: Example of completed Location Information for Medical Testing License Experimental License

When all required information is provided, and your application is completed, you'll be directed to a summary page. If all the information looks good, click on Accept. If changes are required, click on Add Data/Make Changes.

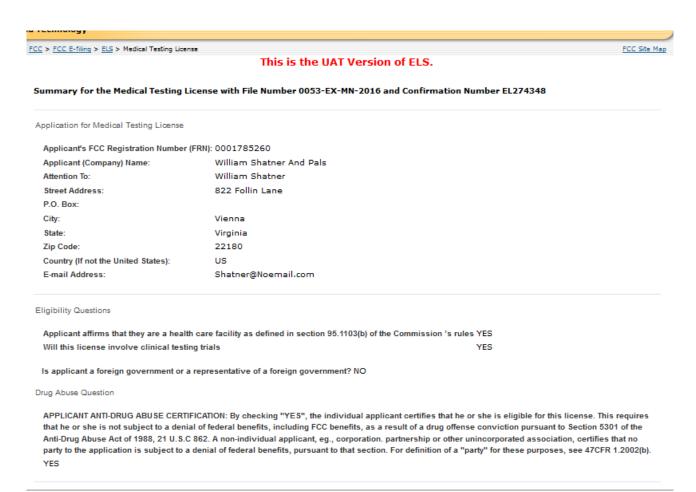


Exhibit 1-10: Summary page for Medical Testing License submission

party to the application is subject to a denial of federal benefits, pursuant to that section. For definition of a "party" for these purposes, see 47CFR 1.2002(b). YES

Medical Testing License Questions

Do you intend to use any of the federal exclusive and shared frequencies? YES

Do you intend to operate on commercial mobile radio service (CMRS)?

YES

Do you intend to operate on public safety frequencies?

YES

Give the following information of person who can best handle inquiries pertaining to this application:

Last Name: Shatner First Name: William

Title: Chief Medical Officer

Phone Number: 7035551212

E-mail Address: Shatner@Noemail.com

Insert a short description of the purpose of this application, or for modifications describe what is being modified.

Narrative Comment: Testing new bulleted version

Certification

THE APPLICANT CERTIFIES THAT:

■ The radio frequency experimentation will be conducted in a defined geographic area under the applicant's control; and

THE APPLICANT FURTHER CERTIFIES THAT:

- All the statements in the application and attached exhibits are true, complete and correct to the best of the applicant's knowledge;
- The applicant is willing to finance and conduct the experimental program with full knowledge and understanding of the above limitations; and
- The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the USA.

Authorized Party to Sign

Signature Date: 2016-11-28 09:24:11.063

Exhibit 1-11: Summary page for Medical Testing License submission (Continued)

Authorized Party to Sign

Signature Date: 2016-11-28 09:24:11.063

Signature of Applicant (Authorized person filing application): William D Shatner
Title of Person Signing Application: Chief Medical Officer

WILLFUL FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

NOTIFICATION TO INDIVIDUALS UNDER PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1980

Information requested through this form is authorized by the Communications Act of 1934, as amended, and specified by Section 308 therein. The information will be used by Federal Communications Commission staff to determine eligibility for issuing authorizations in the use of the frequency spectrum and to effect the provisions of regulatory responsibilities rendered by the Commission by the Act. Information requested by this form will be available to the public unless otherwise requested pursuant to 47 CFR 0.459 of the FCC Rules and Regulations. Your response is required to obtain this authorization.

Public reporting burden for this collection of information is estimated to average four (4) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3080-0085), Washington DC 20554. DO NOT send completed applications to this address. Individuals are not required to respond to this collection unless it displays a currently valid OMD control number.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C.3507

Location Information

State: Virginia

County:

City: Vienna

Street Address: 822 Follin Lane

Approximate Center of Operation

North Latitude: 38 ° 54 ' 22 " West Longitude: 77 ° 14 ' 59 "

Accept

Add Data/Make Changes

Exhibit 1-12: Summary page for Medical Testing License submission (Continued)

On the next page, you may add any additional supporting documents. For detailed instructions, select "Click Here for Attachment Submission Instructions".

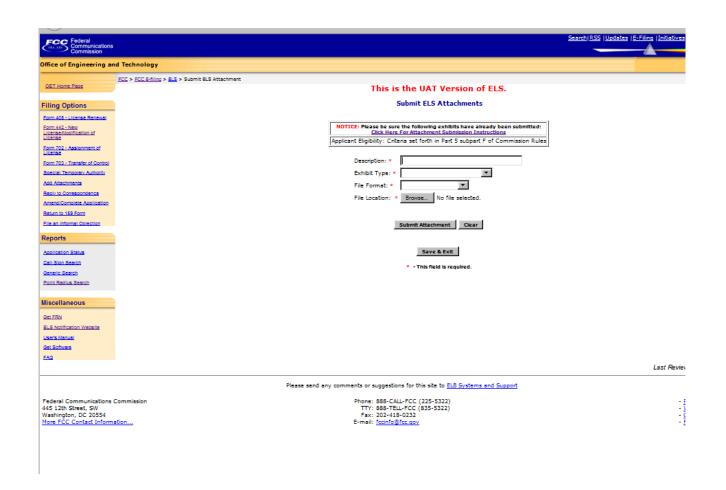


Exhibit 1-13: Medical Testing License Submit ELS Attachments



Exhibit 1-14: Medical Testing License - ELS Attachments Successfully Submitted

When you're ready to submit required fees, click on Complete Submission and you'll receive the following message, and be directed to the appropriate page.

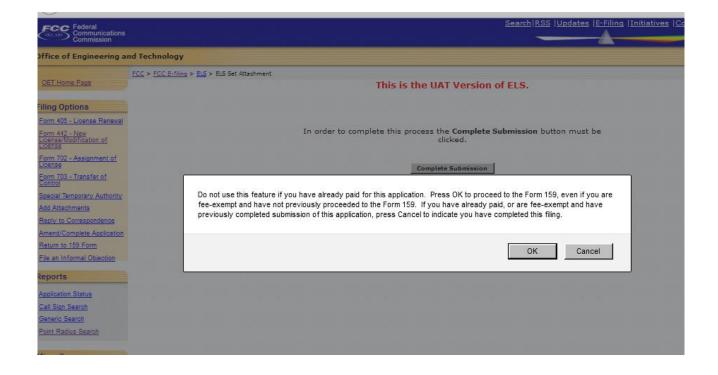


Exhibit 1-15: Last Step: Submit Payment for Medical Testing License